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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP00/05418 06/13/2000

RL

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 199 26 728.6 06/11/1999

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

05/24/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

**ADDRESS**

26813

**TITLE**

Support materials and imaging method for intraoral diagnostic purposes

<b>FILING FEE RECEIVED</b> 2506	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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